

No. (if known): 10/657,743

Attorney Docket No.: 20002/0200022-US0

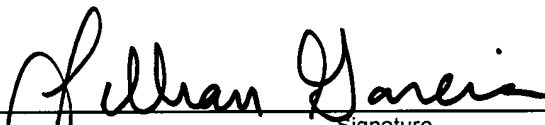
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Lillian Garcia
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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal

Amendment Transmittal (1 page)

Second Amendment After Final Action

Notice of Appeal

Three Month Request for Extension of Time Under 37 CFR 1.136(a)

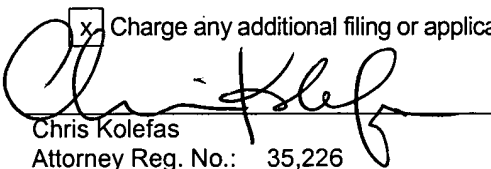
Check in the amount of \$1,720.00

9074



07-0705

AF

AMENDMENT TRANSMITTAL LETTER				Docket No. 20002/0200022-US0	
Application No. 10/657,743-Conf. #8922		Filing Date September 5, 2003		Examiner J. K. Kang	
Art Unit 2874					
Applicant(s): Gil Cohen					
Invention: FIBER OPTICAL ATTENUATOR					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 46 =		x	
Independent Claims	7	- 6 =	1	x 200	200
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Notice of appeal; Extension for response within third month					1,520.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,720.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 1,720.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Chris Kolefas Attorney Reg. No.: 35,226				Dated: July 5, 2005	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					
Express Mail Label No. _____ Dated: _____					



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/657,743-Conf. #8922
		Filing Date	September 5, 2003
		First Named Inventor	Gil Cohen
		Examiner Name	J. K. Kang
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2874	
TOTAL AMOUNT OF PAYMENT	(\$) 1,720.00	Attorney Docket No.	20002/0200022-US0

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

12 - 46 = x = **Fee (\$)** **Fee Paid (\$)**

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

7 - 6 = 1 x 200 = 200

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

 - 100 = / 50 (round up to a whole number) x =

4. OTHER FEE(S) **Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

1401 Notice of appeal 500.00

1253 Extension for response within third month 1,020.00

SUBMITTED BY		Registration No.	35,226	Telephone	(212) 527-7700
Signature		(Attorney/Agent)		Date	July 5, 2005
Name (Print/Type)	Chris Kolefas				

Express Mail Label No.	Dated: _____
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